



# College of Veterinarians of British Columbia

## *Practice Facility Accreditation Committee's Unified Policy for Remote/Virtual Inspections during the COVID-19 Pandemic<sup>1</sup>*

Approved by Council on June 4, 2021 (Published June 10, 2021)

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*This policy is intended only as a temporary measure and will be re-evaluated as COVID -related risk and restrictions to movement ease.*

### Policy

A. The CVBC's Practice Facility Inspectors will conduct live virtual inspections of new and existing practice facilities in place of in-person, on-site inspections until further notice, except where:

1. The Designated Registrant is not able and/or willing to participate in a virtual inspection,  
or
2. It is evident to the Committee, upon review of the pre-inspection documentary and photographic submissions that a virtual inspection will not be sufficient,

and

B. The Practice Facility Accreditation Committee (PFAC) will consider final accreditation decisions based on virtual inspection in lieu of an on-site inspection, unless:

1. the Committee determines, upon review of the inspector's report following a virtual inspection for **reaccreditation**<sup>2</sup> of an existing practice facility, that compliance with any relevant accreditation standards could not be adequately assessed via the virtual platform;  
or
2. the Committee determines that a **final accreditation decision**<sup>3</sup> for a new practice facility (including relocation, expansions and complex scope of practice increase of an existing facility) should be deferred until an on-site inspection has been performed.

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<sup>1</sup> This single policy replaces the two original policies "**Temporary PFAC Policy during COVID Pandemic: Remote/Virtual Practice Facility Inspection**" (approved by Council on April 24, 2020) and "**Temporary PFAC Policy during COVID Pandemic: Remote/Virtual Practice Facility Reaccreditation Inspections**" (approved by Council on October 23, 2020), which are retired as of the date of this policy's approval by Council.

<sup>2</sup> Reaccreditation decisions for existing accredited practice facilities are made pursuant to Bylaw s. 3.19

<sup>3</sup> New practice facilities are granted Provisional Approval to Operate pending a final accreditation decision, pursuant to Bylaw s. 3.16

In the above situations, the Committee will direct an on-site inspection of the practice facility to be performed at the earliest opportunity once COVID-related restrictions are sufficiently eased to make an on-site inspection of that facility possible.

### **Pre-Inspection Preparation**

To enable an effective virtual inspection, adjustments have been made to the pre-inspection preparations required of both the facility and the inspectors.

Before a virtual inspection will be performed, the Designated Registrant must submit documents that would otherwise be presented and reviewed on-site by the inspector. Photographs to supplement what will be seen during the live tour are also required. This allows the inspector to familiarize themselves with the floorplan and arrangement of the space and identify areas that might require particular attention. Pre-inspection submission requirements are presented in the attached appendices (see **Appendix A** for reaccreditation preparation and **Appendix B** for new facility inspections). Requirements may vary depending upon the nature of the practice facility - the Facility Accreditation department staff is available to answer questions and provide guidance.

The virtual inspection will be scheduled by the office once all required submissions have been received and will be conducted by a CVBC Practice Facility Inspector via live video feed with the Designated Registrant.

### **After the Inspection**

As with on-site inspections, once the virtual inspection has been completed, the inspector will prepare a report for the Committee, pursuant to sections 3.11 and 3.18 of the bylaws. The report will include an Inspection Outcome Form listing identified deficiencies. A copy of this Outcome Form is also provided to the Designated Registrant who must correct the deficiencies and return a signed Declarative form within the next 30 days.

- For new facilities, relocations and scope of practice changes, the report is provided to the Committee so that they may consider a decision to grant *provisional approval to operate* (pursuant to s. 3.12)
- All deficiencies identified during the virtual inspection must be corrected before the facility's file will be presented to PFAC for a final accreditation (or reaccreditation) decision
- PFAC may defer an accreditation/reaccreditation decision and instead direct an on-site inspection if the Committee determines that the virtual platform was not sufficient for a proper assessment of compliance with all accreditation standards (see section B of this policy).

**Please Note:** Designated Registrants should anticipate that an on-site inspection will be required before a final accreditation decision will be made for any new practice facility or new facility location where:

- staff will be present on-site;
- patients are seen and treated on-site; and/or
- the facility is (or will be, post-COVID) open to the public.

## **Additional Information**

Appendix A – List of Required Submissions Prior to a Reaccreditation Inspection

Appendix B – List of Required Submissions Prior to a New Facility Inspection (including relocations and expansions of existing accredited practice facilities into new spaces)

Appendix C – Background and Evolution of the PFAC’s Policies for Virtual Inspections

Appendix D – Review of Inspection Purposes and Outcomes

## Appendix A: List of Required Submissions Prior to a Reaccreditation Inspection

Materials that will be required by the inspector in advance of a virtual reaccreditation inspection include, but may not be limited to:

- 1) Disclosure of any of the following events/changes since the last inspection:
  - a) renovations/repairs/restorations (substantive or otherwise)
  - b) change in ownership
  - c) change in Designated Registrant
  - d) change in scope of practice/services provided
- 2) Updated and complete Self-Assessment Form for the practice facility's declared scope of practice
- 3) List of all veterinarians currently practising at the facility (full- and part-time employees, full- and part-time contractors, regular locums)
- 4) Any applicable municipal permits (business license, occupation permit, other)
- 5) Proof of current and sufficient Premise and Professional Malpractice/Liability Insurance
- 6) If scope of services includes diagnostic imaging, must submit (for each piece of equipment that uses ionizing radiation):
  - a) Current Certificate of Safety
  - a) Complete Survey Report from the Radiation Protection Surveyor
  - b) Shielding Assessment
- 7) Proof of current anesthetic machine servicing and calibration (required every 24 months)
- 8) Photos of:
  - a) The facility – full-room photos for each room/space; the inspector may request further photos. The purpose of these photos is to provide perspective and a general layout, and to demonstrate the general state of the facility
  - b) Equipment and supplies to demonstrate the applicable Accreditation Standards are met
- 9) Floor plan of the facility to help the inspector orientate for the video walk-through
- 10) Sample of all required logs:
  - a) Xray Logs
  - b) Controlled Drug Logs – dispensing logs, inventory log, audit tracker
  - c) Surgery/Anesthesia Log
- 11) Recent Medical Record samples – the initial submission should include:
  - a) Samples from each doctor practising at the facility
  - b) A selection of different types of records for each veterinarian:
    - i) Wellness exam
    - ii) Ill-patient exam
    - iii) Surgical record
    - iv) Dentistry record
    - v) Record involving x-rays
  - c) Records provided must include all supporting components (vaccine certificates, prescription labels, anesthesia monitoring charts, dental charts, lab results, communications, forms, etc.)

The inspector may request further samples to be provided.

## **Appendix B: List of Required Submissions Prior to a New Facility Inspection (including relocations and expansions of existing accredited practice facilities into new spaces)**

An application for a new practice facility must include (but is not necessarily limited to):

- 1) Completed Practice Facility Name Approval Application process (approval by CVBC and registry with BC Registry Services)
  - a) Application for Accreditation Form and Fee<sup>2</sup>
- 2) Designated Registrant Appointment Form (all applications to the CVBC must be made by the Designated Registrant)
- 3) Completed Self Assessment Form for declared scope of practice
- 4) Any applicable municipal permits (business license, occupation permit, other)
- 5) Payment of the ‘Initial Inspection of a Practice Facility for an Accreditation Decision Fee’
- 6) Proof of Premise and Professional Malpractice/Liability Insurance
- 7) If scope of services includes diagnostic imaging, must submit (for each piece of equipment that uses ionizing radiation):
  - a) Certificate of Safety
  - b) Complete Survey Report from the Radiation Protection Surveyor
  - c) Shielding Assessment
- 8) Photos of:
  - a) The facility – full-room photos for each room/space; the inspector may request further photos. The purpose of these photos is to provide perspective and a general layout, and to demonstrate that the facility is in a state of readiness for operation
  - b) Equipment and supplies to demonstrate the applicable Accreditation Standards are met  
  
\*\*NOTE: an unaccredited facility must not have any prescription or controlled drugs in stock; however, non-prescription products and general equipment and supplies can be acquired through wholesalers prior to accreditation (the CVBC will confirm a pending practice facility’s information to a wholesaler, once we have received an application for accreditation)
- 9) Floor plan of the facility to help the inspector orientate for the video walk-through
- 10) Sample templates of logs to be used:
  - a) Xray Logs
  - b) Controlled Drug Logs – dispensing logs, inventory log, audit tracker
  - c) Surgery/Anesthesia Log

## Appendix C: Background and Evolution of the PFAC's policies for virtual inspections

At the outset of the COVID-19 pandemic, the CVBC temporarily suspended all on-site practice facility inspections, effective March 18, 2020. As a result of this action and the anticipated backlog of inspections, a review of the CVBC's accreditation bylaws was undertaken. The Practice Facility Accreditation Committee (PFAC) concluded that a physical inspection may be accomplished via either an in-person, on-site inspection or remotely through a platform that enables a live, virtual inspection. Considering the uncertainty of a timeline to return to normal activities, it was deemed reasonable to implement a temporary policy for virtual inspections as an alternative to on-site inspections.

Initially, two separate policies were created by PFAC and implemented by the CVBC:

The first policy, passed in April 2020, allowed for virtual inspection and provisional accreditation of new facilities (including relocations) or complex renovations/scope of practice changes to already accredited facilities; final accreditation would be deferred until an on-site inspection by a PFAC inspector when on-site inspections are resumed.

The other, passed in October 2020, allowed for virtual inspections for the purpose of regular cycle reaccreditations of existing facilities, as well as for PFAC approval of minor renovations and scope of practice changes, without requiring an on-site inspection.

Both Policies were intended to be a temporary accommodation in the face of COVID-19-related safety concerns and restrictions, with a plan to retire the policies once restrictions were lifted.

Experience has demonstrated that effective inspections are possible via the virtual platform when combined with online submissions from the practice facility. As a result, PFAC has reevaluated the necessity of an on-site inspection for *every* new practice facility, as required by the first policy, instead realizing that in certain circumstances, a virtual inspection may be sufficient. An on-site inspection is likely necessary for a new fixed facility, where clients and staff attend and patients receive treatment. However, those practices that have a limited physical component (eg. Mobile services) might reasonably be granted full accreditation based on the virtual inspection and document review alone.

## Appendix D: Review of Inspection Purpose, Associated Fees & Impact on Accreditation Cycle

### a) Reaccreditation Inspections of existing accredited practice facilities:

These are performed on a roughly 5-year cycle for all practice facilities. These are full inspections (= inspection of the physical space, as well as review of protocols, records and logs). A successful outcome is a reaccreditation decision by PFAC and the ~5-year inspection cycle begins again.

The cost of routine reaccreditation inspection is incorporated into the annual maintenance of accreditation fee<sup>4</sup>.

### b) Inspections of brand-new practice facilities

These facilities receive a full inspection (see above description). Application for a new practice facility accreditation is required, as are the application for accreditation fee and new facility inspection fee. The annual maintenance of accreditation fee will not be assessed until the following calendar year.

Following the inspection, the Committee will consider a decision for *provisional approval to operate* pending resolution of any identified deficiencies, including submissions of medical records and logs (not yet available at the time of the inspection). Once the deficiencies have been corrected, the Committee will review the file and consider whether an in-person inspection is necessary (based upon the practice facility type and scope of practice) prior to a final accreditation decision. If an in-person inspection is directed, the facility will continue with *provisional approval to operate* pending that inspection.

### c) Relocation/Expansion Inspections

Relocation of an accredited practice facility to a new facility space (and expansions into new spaces) will also be conducted as a full inspection. A new facility inspection fee is assessed (and the annual maintenance of accreditation fee for that year will be waived).

The practice facility's routine (~5-year) inspection cycle dates will be adjusted to reflect the accreditation of the new facility location.

### d) Minor renovations, scope of practice changes, and similar changes to an existing accredited practice facility

These will most often be conducted as off-cycle inspections that are focused solely on the change in question. The practice facility's regular reaccreditation cycle is unchanged. The CVBC office will provide guidance on what pre-inspection submission requirements will be needed. An off-cycle inspection fee will be assessed.

However, if the practice facility is coming due for its regular reaccreditation inspection within the next 12-18 months, the CVBC will consider expanding the scope of the inspection to be a full inspection for reaccreditation purposes. This decision will depend first upon the office's ability to accommodate a full inspection at the time, and second upon the DR's ability to accommodate a full inspection (vs. preferring a focused, off-cycle inspection). The cost of a

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<sup>4</sup> All fees are established in the CVBC Bylaws, Schedule C

full reaccreditation inspection would be covered by the facility's annual maintenance of accreditation fees, and the ~5-year reaccreditation inspection cycle would begin again. If only an inspection focused on the *change* is performed, then an off-cycle inspection fee will be assessed, and the routine reaccreditation cycle will remain unchanged.